U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only ANG 15200 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1. File Number U - 1003	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name James W Cowan	Name Teamsters Local Union 249	
	Labor Organization File Number 028-815	
P.O. Box, Bldg., Room No., if any P.O., Box 40128	P.O. Box, Building and Room Number, if any P.O. Box 40128	
Street 4701 BUTLER STREET	Street	
City Pittsburgh	City pittsburgh	
State Pennsylvania ZIP Code + 4 1.5201	State Pennsylvania ZIP Code + 4 15201	
5. Position in labor organization. SECRETARY—TREASURER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name ,		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	75.4	
Stro	7.b. Amount.	

Signature		
15. Signature and verification. The undersigned declares, under penalty of i submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been exa	amined by the signatory and is, to the best of the
Signed James W. (awar	On 7/13/2005	(412) 682–3700
	Date	Telephone Number

ZIP Code +

City

State

Name of Person Filing JAMES W. COWAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TEAMSTERS' INDUSTRY PENSION PLAN	X a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 3025 WASHINGTON ROAD		
City MCMURRAY		
State PENNSYLVANIA ZIP Code + 4 15317		
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a, Nature of such dealing.	
Name TEAMSTERS LOCAL UNION # 249	TRUSTEE - PROVIDE REPRESENTATION AND	
Trade Name, if any:	BENEFITS FOR INDIVIDUALS.	
P.O. Box, Bldg., Room No., if any P.O. BOX 40128		
Street 4701 BUTLER STREET	11.b. Approximate dollar value of such dealing.	
City PITTSBURGH	12.a. Nature of interest held or income received.	
State PENNSYLVANIA ZIP Code + 4 15201-0128	PAYMENT OF AIRFARE, TRANSPORTATION, HOTEL SEMINAR TUITION, AND MEALS AT TRUSTEE EDUCATIONAL CONFERENCE (IFEBP SEMINAR) 11/29/04 - 12/5/2004	
•	12.b. Amount. \$5,330.00	
	12.0.701000t	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade пате, if any).	14.a. Nature of payment.	
here a series de que que conservamente de la conservació del la conservació de la conservació de la conservació del la conservació de la c		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name	of Person	Filina	James	Cowan
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File Number U-

PART B Continuation Page

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A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Teamsters' Industry Pension Fund	Pro-rata share of meeting expenses including breakfast and lunch for 2/3/2004 Board of Trustees Meeting of the Pension Fund.
Trade Name, if any:	receiff of the registor range,
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3025 Washington Road.	G. O O
City McMurray	\$3.8 ¹
State Pennsylvania ZIP Code + 4 15319	
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Teamsters: Industry Pension Fund	Pro-rata share of meeting expenses including breakfast and lunch for 5/25/2004 Board of Trustees
Trade Name, if any:	Meeting of the Pension Fund.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3025 Washington Road	
City McMurray	\$33
State Pennsylvania ZIP Code + 4 15317	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income. Pro-rata share of meeting expenses including
Name Teamsters (Industry Pension Fund Total & Washington)	breakfast and lunch for 8/24/2004 Board of Trustees Meeting of the Pension Fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3025 Washington Road	-
City McMurray	\$37
State Pennsylvania ZIP Code + 4 15317	

Name of Person Filing	James	Cowan
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File Number U-

PART B Continuation Page

A Hold an interest in appared in transportions (including loops) with an derived in	program or other economic handit of manetany value from an ampleyor whose
A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	icome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Teamsters! Industry Pension Fund	Pro-rata share of meeting expenses including breakfast and lunch for 11/23/2004 Board of Trustees Meeting of the Pension Fund.
Trade Name, if any:	Control of the contro
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3025 Washington Road	
City McMurray	\$35
State Pennsylvania ZIP Code + 4 15317	
A. Held an interest in, engaged in transactions (including loans) with, or derived it	ncome or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	modifie of other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name And the second sec	The first control of the control of
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	Aurord	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	L. Employer	
City	·	
State ZIP Code + 4		
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name BEYER-BARBER COMPANY	DINNER INTL. FOUNDATION OF EMPLOYEE BENEFIT PLANS 2004. NEW ORLEANS, LA.	
Trade Name, if any:	12/4/2004	
P.O. Box, Bidg., Room No., if any		
Street 1136 HAMILTON STREET-SUITE 103		
City ALLENTOWN		
State PENNSYLVANTA ZIP Code + 4 18101		
	Living the second secon	

Name of Person Filing James Cowan	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Émployer	
Street		
City State ZIP Code + 4		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name :		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$65.00 from law firm who	
Trade Name, if any:	represents Teamsters Local 249.	
P.O. Box, Bldg., Room No., if any		
Street 219 Fort Pitt Boulevard		
City Pittsburgh		
State PA ZIP Code + 4 15222		
13 b. is the Business an Employer X or Consultant ?	14.b. Amount of payment.	